

**Sample - Injury and Illness Prevention Program (IIPP)
for Auto Dealerships**

Key points:

- Cal/OSHA Title 8 §3203. Injury and Illness Prevention Program requirement
<http://www.dir.ca.gov/Title8/3203.html>
- Required for all State of California employers
- Effective July 1, 1991
- Employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The program shall be in writing and include a system for ensuring that employees comply with safe and healthy work practices

For more information, visit the Loss Control section at RepublicIndemnity.com or contact the Loss Control Department at RICALC@ri-net.com.

Injury and Illness Prevention Program (IIPP) for

COMPANY NAME

EFFECTIVE DATE

RESPONSIBILITY

The Injury and Illness Prevention Program (IIPP) administrator, (NAME/TITLE OF ADMINISTRATOR) has the authority and the responsibility for implementing and maintaining this IIPP for COMPANY NAME. Managers and supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering worker questions about the IIPP. A copy of this IIPP is available from each manager and supervisor.

COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our systems of ensuring that all workers comply with these practices include the following requirements:

- Inform workers of the provisions of our Injury and Illness Prevention Program (IIPP);
- Provide training to workers whose safety performance is deficient; and
- Discipline workers for failure to comply with safe and healthful work practices (based on our organization's disciplinary procedures).

Optional Best Practices:

- Evaluating the safety performance of all workers.
- Recognizing employees who perform safe and healthful work practices.

COMMUNICATION

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system includes (*select two or more of the following items*):

- New worker orientation including a discussion of safety and health policies and procedures.
- Review of our IIPP.
- Training programs.
- Regularly scheduled safety meetings.
- Management/Employee Safety Committee.
- Posted or distributed safety information.
- A system for workers to anonymously inform management about workplace hazards.

Communication requirement for employers with less than 10 employees:

- Our establishment has less than 10 employees and communicates with, and instructs, employees orally about general safe work practices and hazards unique to each employee's job assignment.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace (*list your workplace areas and/or locations that will be regularly inspected*):

1. _____
2. _____
3. _____
4. _____
5. _____

Periodic inspections are performed according to the following schedule:

- When we initially established our Injury and Illness Prevention Program (IIPP);
- When new substances, processes, procedures, or equipment, which present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur;
- Whenever workplace conditions warrant an inspection; and,
- On a (LIST FREQUENCY OF INSPECTIONS IF APPLICABLE) basis.

ACCIDENT/EXPOSURE INVESTIGATIONS

Accidents will be investigated by (PERSON OR DEPARTMENT) as soon as feasibly possible. Procedures for investigating workplace accidents and hazardous substance exposures will include:

- Interviewing injured workers and witnesses;
- Examining the workplace for factors associated with the accident/exposure;
- Determining the cause of the accident/exposure;
- Taking corrective action to prevent the accident/exposure from reoccurring; and
- Recording the findings and actions taken.

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices, or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- When observed or discovered;
- When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition; and
- Workers who are required to correct hazardous conditions shall be provided with the necessary protection.

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instructions on general and job-specific safety and health practices. Training and instruction are provided:

- When the Injury and Illness Prevention Program (IIPP) is first established;
- To all new workers;
- To all workers given new job assignments for which training has not previously provided;
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;
- Whenever the company is made aware of a new or previously unrecognized hazard;
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed;
- To all workers with respect to hazards specific to each employee's job assignment; and,
- On a [\(LIST FREQUENCY OF PERIODIC TRAINING IF APPLICABLE\)](#) basis.

General workplace safety and health practices include, but are not limited to, the following:

- Implementation and maintenance of the IIPP.
- Prevention of musculoskeletal disorders, including proper lifting techniques.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that can adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment, and electrical panels.
- Proper reporting of hazards and accidents to supervisors.

RECORDKEEPING

Keep workplace safety records:

- Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form; and maintained at for at least for one year.
- Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers. Records will be maintained for one year except for training records of employees who have worked for at least one year, which are provided to the employee upon termination of employment.

Documentation requirement for employers with less than 10 employees:

- Since we have less than 10 workers, including managers and supervisors, we only maintain inspection records until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they are first hired or assigned new duties.

EMPLOYEE ACCESS TO THE IIPP

Our employees – or their designated representatives – have the right to examine and receive a copy of our IIPP. This will be accomplished by [\(Choose one of the two.\)](#)

1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.
 - Whenever an employee or designated representative requests a copy of the Program, we will provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
 - One printed copy of the Program will be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.

2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

[Also describe how we will communicate the right and procedure to access the Program to all employees](#)

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

Where we have distinctly different and separate operations with distinctly separate and different IIPPs, we may limit access to the IIPP applicable to the employee requesting it.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

- The name and signature of the employee authorizing the designated representative.
- The date of the request.
- The name of the designated representative.
- The date upon which the written authorization will expire (if less than 1 year).

The information presented in this publication is intended to provide guidance and is not intended as a legal interpretation of any federal, state or local laws, rules or regulations applicable to your business. The loss prevention information provided is intended only to assist policyholders in the management of potential loss producing conditions involving their premises and/or operations based on generally accepted safe practices. In providing such information, Republic Indemnity Company of America does not warrant that all potential hazards or conditions have been evaluated or can be controlled. It is not intended as an offer to write insurance for such conditions or exposures. The liability of Republic Indemnity Company of America and its affiliated insurers is limited to the terms, limits and conditions of the insurance policies underwritten by any of them. © 2024 Republic Indemnity Company of America. All rights reserved.

AUTO DEALERSHIP SAFETY INSPECTION CHECKLIST

Building location: _____ **Date:** _____
Inspected by: _____

Description	Yes	No	Comments	Correction Date
Programs and Posters				
Injury & Illness Prevention Program (IIPP safety program) on site?				
Hazard Communication Program?				
Lock Out Tag Out Program (LOTO)?				
Emergency Action Program (EAP)?				
Respiratory Protection Program (RPP)?				
MVRs checked prior to hiring and yearly for anyone driving?				
Exit routes and key response people and phone numbers posted?				
Report of unsafe conditions/safety suggestion form available to employees on site?				
Equipment Inspection records maintained?				
Local clinic within Medical Provider Network posted?				
Federal & State All-in-One Poster for current year.				
Cal/OSHA Log 300A summary for previous year (post from February 1 until April 30)				
Are Certificates of Insurance current and on file for contractors, service companies, and tenants?				
Office areas				
Are desk chairs adjustable, i.e. seat, seatback and armrest height?				
Are frequent phone users provided with headsets?				
Is office furniture set up ergonomically set up for the user – wrists in a neutral position?				
Are power strips not daisy-chained (connected)?				
General Emergency Preparedness/Response				
Are first aid kits in place and adequately stocked with bandages (no meds such as aspirin or Tylenol)?				
Has a fire, earthquake, or other emergency response drill been conducted in the past 12 months?				
Are earthquake response supplies available?				
Life Safety				
Are exit corridors, doorways, & stairs unobstructed?				
Is panic hardware in place for exit doors and in working condition?				
Are exits marked and illuminated?				
Is the emergency lighting system in place and working?				
Electrical				
Are electrical cords in good condition; for temporary use (<90 days)?				
Where work with portable tools/electrical cords are in wet areas, are ground fault circuit interrupters used?				
Do electrical junction, switch, and receptacle boxes have covers that are tightly closed?				
Are circuit breakers labeled with their functions and all covers complete (no blanks) and in place?				
Is there a clear 36" access around all electrical panels?				
Fire Safety				
Is there at least an 18" clearance between the fire sprinkler heads and storage and shelving.				

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Description	Yes	No	Comments	Correction Date
Portable fire extinguishers provided throughout and clearly marked?				
Portable fire extinguishers recharged at least annually, tagged, signed off monthly? Gauges show them as fully charged?				
Have employees been trained on the use of portable fire extinguishers within the past year?				

Shop	Yes	No	Comments	Correction Date
Is machinery secured and guarded?				
Are proper tools & equipment provided?				
Lifts maintained on a regular basis?				
Locking devices provided on all lifts?				
Air compressors maintained on a regular basis?				
Air pressure reduced to less than 30 psi on manual air hoses?				
Chain hoists - no excessive wear, distorted or twisted links, safety latches on hooks, monthly certification records?				
Floor Jacks/Hoists/Lifts/Jack Stands - rated load capacity is legibly and permanently marked in a prominent location.				
Floor openings - removable railings kept in place when not in use.				
Open sided floors 4 feet or more above adjacent floor or ground level are guarded by a standard guard railing system.				
Pits and trapdoor floor openings are guarded by a floor opening cover.				
Grinders: <ul style="list-style-type: none"> Safety shields are clean and properly positioned over the work area. Tongue guards are in place and adjusted to within ¼" of the abrasive wheel. Work rests are in place and are adjusted to within 1/8" of the abrasive wheel. The base of the pedestal grinder is securely anchored to prevent the grinder from moving or walking. A safety guard covers the spindle end, nut and flange projections. 				
Is proper personal protective equipment provided and used - gloves, safety glasses, goggles, face shields etc.?				
Safety glasses worn while changing tires.				
Slip resistant footwear worn?				
Employees trained in respiratory protection, storage, use, cleaning and disposal?				
Is respiratory protection supplied and used?				
Gas tank work: <ul style="list-style-type: none"> Ignition sources eliminated, explosion proof light provided and proper gas storage? Gas tank emptied before removed from vehicle? 				
Welding shields in place to protect employees from arc flash?				
Ladders inspected regularly and employees trained in their use? No milk crates or buckets used as step stools.				
Are carts or hand trucks provided for moving heavy equipment?				
Employees get help if they have to lift heavy items?				
Used rags disposed in approved metal container with lid?				
Fusible links installed on solvent tanks that utilize Stoddard solvent?				
Are Safety Data Sheets (SDSs) easily accessible to employees for all chemicals?				

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Description	Yes	No	Comments	Correction Date
Is there an eyewash station nearby the areas where chemicals are dispensed?				
Body Shop				
Ignition sources (i.e. open flame heaters, cutting torches, etc.) prohibited with 20' of hazardous areas?				
Only 1 day flammables allowed in work areas and labeled?				
Explosion proof electrical lights, fixtures, motors switches and wiring provided in hazardous areas?				
Waste thinner kept in approved containers?				
Spray booth filters cleaned or changed regularly?				
Spray painting in designated areas only?				
Good mechanical ventilations?				
Sprinkler heads in spray areas covered and cleaned daily?				
Sales and Service				
Specific vehicle test drive routes?				
Speed limits (5 mph) posted and enforced?				
Housekeeping/Maintenance				
Are walking surfaces free of tripping/slipping hazards?				
Are combustibles maintained in an orderly & neat fashion throughout, excess paper and trash removed daily?				
Storage Areas				
Are delivered supplies stored immediately?				
Objects stored with heaviest on the bottom and lightest on top?				
Are shelves secured to prevent falling?				
Are items stored neatly?				
Are compressed gas cylinders secured?				
Are flammable liquids stored in a flammable storage cabinet?				
Flammable liquid dispensing equipment bonded and grounded?				
Flammables and oxygen separated by 20 feet?				
Emergency procedures and materials for chemical spills?				
Mezzanines - guard rails installed if used for storage?				
Parking areas				
Overhead doors operational?				
Wheel stops/speed bumps secured/painted a contrasting color?				
Gas meters and electrical panels protected to prevent damage from vehicles, i.e. concrete posts?				
Surfaces free of potholes and uneven surfaces?				
Garbage area clean - no broken glass or slippery liquids?				
Dumpster lids kept closed and wheels locked?				
Employees get help with full trash cans?				
Injury Trends				
Insert company injury trend 1				
Insert company injury trend 2				

Are there any facilities or equipment issues in need of repair or attention not noted above?

Additional Comments

INCIDENT/ACCIDENT INVESTIGATION REPORT

ACCIDENT INVESTIGATION REPORT

Name of Injured: _____ Age: _____

Job Title/Position: _____

Length of Employment: _____ Length of Time in Position: _____

Regular: _____ Temporary: _____ Part-Time: _____

Date of Accident: _____ Time _____ AM/PM Shift Completion: _____%

Address/Location of Accident: _____

Witnesses: _____

Describe activity at time of accident: _____

Describe any unsafe behavior: _____

Describe any unsafe conditions: _____

Were other employees injured or involved in the accident? _____

If employee was injured doing normal work activities, why did injury occur in this case? _____

What corrective action is needed to prevent similar injuries? _____

BEHAVIORAL FACTORS TO CONSIDER
Disabled safety device
Distracted/inattentive EE
Exceeded employee's physical limit
Failure to use proper tools
Guard removed or disabled
Inadequate communications
Influence of drugs, alcohol or medication
Lacking skill or training
Operating at Excessive speed
PPE not used
Servicing moving machinery
Unauthorized use
Unnecessary haste
Unsafe act of others
Worker was fatigued
UNSAFE CONDITIONS TO CONSIDER
Congested work area
Defective tools/equipment
Excessive noise
Hazardous atmosphere
Inadequate guarding
Poor lighting
Poor ventilation
Poor housekeeping
Unsafe storage
Unsafe walking surfaces
MANAGEMENT CONTROLS TO REVIEW
Adequacy of environmental controls
Adequacy of security
Adequacy of staffing
Adequacy of warning system
Design/construction
Enforcement of safety rules
Improper job placement
Level of supervision
Preventive maintenance records and schedule
Procedures
Task instructions

Has this corrective action been taken? _____

If not, when will it be taken? _____

Supervisor/Investigator signature: _____ Date: _____

Reviewed and approved by: _____

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INSTRUCTIONS FOR COMPLETING ACCIDENT INVESTIGATIONS

Conducting a thorough accident investigation promptly after an injury occurs can be the first step toward preventing future worker injuries. The benefits that can be derived from this process are frequently overlooked by employers. Investigations can lead to safer working conditions, restore the sense of security of employees, increase productivity, and save money for the company.

The primary goal of an accident investigation is to identify the underlying cause of the injury. This underlying cause, often referred to the “root cause of injury,” is not always easily identified. An investigator may need to look at a series of causes and effects reaching back to the first event on the chain of events leading up to the injury.

The following guidelines are provided for conducting an accident investigation.

- The immediate supervisor of the injured employee should perform the investigation.
- The investigation should begin immediately after the injured employee has received onsite medical assistance or has been transported to medical facilities.
- Evidence (including tools and equipment) should be preserved so their condition can be determined.
- Witnesses should be identified and detailed documented interviews conducted.
- Photographs of equipment and conditions around the accident area should be taken.
- Training records of the injured and anyone else involved in the accident should be reviewed
- A written report should be prepared when all of the facts have been reviewed.

The investigation should ask the questions: **Who**, **What**, **Where**, and **When**, but the most important question is **Why** the injury occurred. Oftentimes the injured employee may have performed the same task repeatedly without getting injured. It is important to know why the injury occurred this time. The answer to the **Why** question may indicate something was done differently, and this can often be the “root cause” of the injury.

SAFETY TRAINING RECORD (Matricula de Entrenamiento)

Name of Company/Organization <i>Nombre de la Empresa:</i>			
Name of Trainer/Affiliation* <i>Nombre del Entrenador</i>	Location of Training <i>Ubicacion de la Formacion</i>	Date of Training <i>Fecha</i>	
Topic/Title of Program <i>Titulo del Tema / Programa</i>			

Training Media Used – (Circle which media apply/used)

Lecture/Demonstration	Online	Video	Webinar
Print Employee's Name / Nombre de Participante		Signature/ Firma	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

SAFETY SUGGESTION – REPORT OF HAZARD

This form is to be used by employees who wish to report a safety suggestion or report an unsafe work condition or practice.

DEPARTMENT OR OPERATION: _____ DATE: _____

SUBMITTED BY: _____ or Anonymous Submission

DESCRIPTION OF UNSAFE CONDITION (in detail): _____

LOCATION: _____

If necessary, draw a diagram in the following box

Recommendations to correct this condition: _____

Employee Signature: _____ Supervisor Signature: _____
(Optional)

No employee will be retaliated against for reporting conditions or making suggestions. No employees are required to work at a job that is unsafe or unhealthful. Your cooperation in detecting hazards is greatly appreciated and will help us provide a safe and healthy work environment for all employees.

(MAINTENANCE DEPARTMENT USE ONLY)

Recommended Corrective Action: _____

Estimated Cost: _____ Approved by: _____
Estimated Completion Date: _____

OPTIONAL: MANAGEMENT SAFETY AND HEALTH POLICY STATEMENT

A policy statement is optional, but is a good way to communicate the importance of the program. You may select any or none of the sample wording options:

<p>It is the policy of <u>COMPANY NAME</u> that every employee is entitled to a safe and healthful place in which to work. To this end, every reasonable effort will be made in the interest of Accident Prevention, Fire Protection, Health Preservation, and Employee Security.</p>	
<p>Safety and health in our business must be part of every operation. Without questions, it is every employee's responsibility at all levels.</p>	
<p>We will constantly be aware of conditions in all work areas that can produce injuries. No employee is required to work at a job he/she knows is not safe or healthful. Your cooperation in detecting hazards and, in turn, controlling them, is a condition of your employment. Inform your supervisor immediately of any situation beyond your ability or authority to correct.</p>	
<p>The personal safety and health of each employee of this company is of primary importance. Prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity, whenever necessary. To the greatest degree possible, management will provide all mechanical and physical activities required for personal safety and health, in keeping with the highest standards.</p>	
<p>We will maintain a safety and health program conforming to the best practices of organizations of this type. To be successful, such a program must embody proper attitudes toward injury and illness prevention on the part of supervisors and employees. It also requires cooperation in all safety and health matters, not only between supervisor and employee, but also between each employee and his/her co-workers. Only through such a cooperative effort, can a safety program in the best interest of all be established and preserved.</p>	
<p>Our objective is a safety and health program that will reduce the number of injuries and illnesses to an absolute minimum, not merely in keeping with, but surpassing, the best experience of operations similar to ours. Our goal is zero accidents and injuries.</p>	
<p>We accept the responsibilities for leadership of the safety and health program, for its effectiveness and improvement, and for providing the safeguards required to ensure safe conditions.</p>	
<p>Supervisors are responsible for developing proper attitude toward safety and health for themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved.</p>	
<p>Employees are responsible for wholehearted, genuine operation of all aspects of the safety and health program--including compliance with all rules and regulations and for continuously practicing safety while performing their duties.</p>	
<p>Sincerely,</p>	
_____	_____ <i>(Signature and Date Line)</i>
President/Owner	Date

OPTIONAL: EMPLOYEE SAFETY ORIENTATION

It is vitally important for an employer to promptly provide comprehensive safety orientation for all new employees. When a new employee reports to work, the individual immediately begins gathering information and forms impressions about the company, the job assignment, management, and co-workers.

Normally orientation begins with the Human Resources department or a representative from top management. Every new employee should receive a copy of the company safety program that includes a policy statement. This will help communicate management's commitment and leadership to job safety and health. To establish a positive safety attitude, management must discuss and reinforce the following with every employee:

- The company is committed to providing a safe and healthy working environment for all the employees;
- Management is sincerely interested in the prevention of accidents;
- Although accidents can occur, they are usually preventable;
- All employees are required to report unsafe conditions or unsafe practices to their immediate supervisor;
- Management does not expect an employee to perform a job assignment that is not safe;
- All injuries, no matter how minor, and any near misses, must be reported to the immediate supervisor;
- Supervisors will be responsible for providing detailed job instructions and no employee is expected to perform an assignment until proper instructions have been given, and the assignment has been authorized by the supervisor; and
- Explain supervisors' responsibilities with respect to safety. This includes making certain that a new employee fully understands that supervisors are responsible and accountable for job instructions along with assuring safe working procedures and conditions.

When a new employee reports for the first time to his/her immediate supervisor, the supervisor must provide complete job instructions, a review and reinforcement of the general company safety policies, and include the following:

- Safety record of the company;
- Safety activities performed both by the company and department;
- Introduction to safety committee representative; and
- Safety rules and procedures, including disciplinary measures.

A very important step for a supervisor to take is to review the individual employee's skills, knowledge, and experience prior to giving job instructions. Do not take anything for granted and mistakenly assume the employee has received proper training from previous employers and is therefore capable of performing a job assignment safely.

Once the supervisor has verified to his/her satisfaction the level of training, knowledge, and skills that the employee has, he/she can begin providing the employee specific job instructions with emphasis on hazardous exposures and conditions.

The supervisor then should have the employee explain and execute those instructions until the supervisor is completely satisfied that instructions have been understood.

The Sample Safety Orientation Checklist provided on the following page is intended as a guide to creating a custom checklist that reflects the equipment and operations of your particular operations.

Sample Safety Orientation Checklist

<p>1. Clothing and Attire</p> <ul style="list-style-type: none"> <input type="checkbox"/> Footwear: Discuss type required/permitted. <input type="checkbox"/> Personal Clothing: Discuss requirements and hazards of loose fitting clothes and jewelry. <input type="checkbox"/> Discuss hazard of hair length around equipment. <input type="checkbox"/> Safety Equipment: Discuss and issue required personal protective equipment. Instruct on proper use. <p>2. Material Handling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lifting in general: Discuss common sense lifting tips. <input type="checkbox"/> Assessing the weight before lifting. <input type="checkbox"/> Check for labels giving weight information. <input type="checkbox"/> Performing a test tug or lift before trying to fully lift and/or carry it. <input type="checkbox"/> Use material handling equipment or ask for help. <input type="checkbox"/> Demonstrate the correct way to lift, push, pull, or move every type of item that the employee will be expected to handle. <input type="checkbox"/> Storage handling: Review items that are sharp, fragile, caustic, slippery, etc., or that may provide special lifting, moving, or handling problems. <input type="checkbox"/> Identify items requiring gloves or other protective devices. <input type="checkbox"/> Material storage: Show where materials, pallets, etc., may and may not be stored. <p>3. Facility Orientation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take employee on a tour of the facility to familiarize employee with the locations of: <ul style="list-style-type: none"> <input type="checkbox"/> Emergency exits <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Alarms <input type="checkbox"/> Fire hoses <input type="checkbox"/> First aid kits <input type="checkbox"/> Emergency supplies <input type="checkbox"/> Demonstrate how to use firefighting equipment <p>4. Hazardous Substances/Materials</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review with the employee all hazardous substances or materials used or stored throughout the facilities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Review personal protection equipment required to handle hazardous materials. <input type="checkbox"/> Review proper handling and storage of chemicals. <input type="checkbox"/> Review proper handling and storage of flammable liquids. <input type="checkbox"/> Review proper handling and storage of hazardous waste materials. <p>5. Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review the proper use and operation of all equipment to be used by the employee. <ul style="list-style-type: none"> <input type="checkbox"/> Forklift <input type="checkbox"/> Other material moving equipment <input type="checkbox"/> Ladders <input type="checkbox"/> Knives <input type="checkbox"/> Power tools <input type="checkbox"/> Hand tools <p>List other equipment discussed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>6. Accidents and Unsafe Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discuss the importance of accident prevention and reporting. <input type="checkbox"/> Review company policies and procedures on reporting and investigating injuries. <input type="checkbox"/> Review how to report unsafe conditions. <input type="checkbox"/> Review responsibilities for correcting unsafe housekeeping conditions. <p>7. Review Safety Rules</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review safety rules and enforcement policy. <input type="checkbox"/> Review disciplinary procedures.
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Trainer _____ Trainee _____ Training Date _____

OPTIONAL: SAFETY COMMITTEE MEETING MINUTES

COMPANY NAME SAFETY COMMITTEE MEETING MINUTES

Date of Committee Meeting:	Time:
Safety Committee Chair:	Location:
Minutes Prepared By:	

Members in Attendance		
Name	Name	Name

Review Previous Action Items:

Review of Accidents Since Previous Meeting:

Recommendations from Accident Investigation Reports:

Review of Self-Inspection:

Action Items from Self-Inspection:

Safety Recommendations (Employees and Anonymous)

Safety Training Provided and Recommendations:

Recommended Updates to Safety Program:

Open Discussion and Comments:

Next Scheduled Meeting:

OPTIONAL: *Company Name* Employee Access to the Injury and Illness Prevention Program (IIPP)

Employee Access to IIPPs

Cal/OSHA requires that all employees have access to a copy of their employer’s written IIPP.

All our employees have access to the written IIPP through: [\(choose one or both of the following methods\)](#)

- We provide access through our company server or website, which allows employees to review, print, or email a copy of the IIPP.

Additional information:

- Upon request, our business will provide employees with access to the IIPP by: [\(select one option below\)](#)
Providing a printed copy of the IIPP
Providing an electronic copy of the IIPP

Our employees can request access to a copy of the written IIPP by: [\(select one option below\)](#)

- Requesting a copy from their supervisor
- Requesting a copy from Human Resources
- Other: (describe below)

A copy of the IIPP will be provided within five (5) business days after receiving the request.

Print Name:

Signature:

Date: